

**Application for Registration On  
NKANDLA MUNICIPALITY SUPPLIER DATABASE**



**These forms must be completed and submitted to:**

Supply Chain Management Unit  
Nkandla Municipality  
Lot 292, Maree Road  
NKANDLA  
3855

**OR POSTED TO:**

Supply Chain Management Unit  
Nkandla Municipality  
Private Bag X161  
NKANDLA  
3855

**ENQUIRIES:**

Finance Department: SCM Unit  
Telephone: 035 833 2040/53/79/52  
Fax: 035 833 0920

**FOR OFFICE USE ONLY**

<b>Supplier Name</b>												
<b>Database number</b>												
<b>Captured by</b>						<b>Date</b>			/			
<b>Signature</b>												
<b>Approved by</b>						<b>Date</b>			/			
<b>Signature</b>												

CENTRAL SUPPLIER DATABASE (CSD) NO:

**NKANDLA MUNICIPALITY  
SUPPLIER DATABASE CHECKLIST**

<b>DOCUMENTS ATTACHED</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Office Use</b>
Certified Company Registration Document				
Certified Proof of Ownership/Shareholder certificate				
Proof of Banking Document				
Income Tax Registration Document				
Valid Tax Clearance Certificate				
Tax Compliance Status (TCS)				
Disability Documents				
Utility bill (electricity bill, water bill) ( Proof of Residence)				
CIDB, PSIRA Certificates where applicable				
Certified Copy of BEE Certificate ( Sworn Affidavit)				
Proof of Registration with Central Supplier Database (CSD)				
Certified ID Copy of owner/s/Director/s				

<b>SECTIONS COMPLETED</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Office Use</b>
Section B: Business Information				
Section C: Financial Information				
Section D: Classification of Business				
Section E: Business Management				
Section F: Verification of information				
Section G: Commissioner of Oaths				

## **DEFINITIONS**

The following definitions shall apply:-

**“Municipality”** means the Nkandla Municipality.

**“SCM Manager”** means the Supply Chain Manager of the day of the Municipality.

**“SCM”** means Supply Chain Management of the Nkandla Municipality.

**“Service Provider”** means a person/business which adheres to statutory labour practices, is a legal entity, registered with the South Africa Revenue Services (SARS) and provides the Municipality with a service for the acquisition of goods and services for profit.

**“Historically Disadvantaged Individuals (HDI)”** means a South African citizen who:- **(a)** due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Constitution of the Republic of South Africa, 1983 (Act No 110 of 1983) or the Constitution of the Republic of South Africa, 1993 (Act No 200 of 1993) (“the Interim Constitution”); and/or; **(b)** is a female; and /or; **(c)** has a disability Provided that a person who obtained South African citizenship on or after the coming to effect of the Interim Constitution, is deemed not to be an HDI;

**“Disability”** means, in respect of a person, a permanent impairment of a physical, intellectual, or sensory function, which results in restricted, or lack of, ability to perform an activity in the manner, or within the range, considered normal for a human being;

**“Women Equity Ownership (WEO)”** means the percentage of an enterprise or business owned by women or, in respect of a company, the percentage of a company’s shares that are owned by women, who are actively involved in the management of the enterprise or business and exercise control over the enterprise, commensurate with their degree of ownership at the closing date of the tender.

**“Preferential Procurement Policy Framework”** means the Preferential Procurement Policy Framework Act: No 5 of 2000.

**“National Small Business Act”** means the National Small Business Act No. 102 of 1996.

**“SMME’s”** means Small, Medium and Micro Enterprise’s as described in National Small Business Act No. 102 of 1996.

**“Goods and Services”** means equipment, plant, vehicles, materials or services to be supplied by the Service Provider to the Municipality.

**“Professional Service Provider”** means any person or body corporate that provides on a fiduciary basis, labour and knowledge-based expertise which is applied with reasonable skill, care and diligence to the Municipality, and is, appointed by the Municipality to undertake an assignment for the provision of professional services.

## **SECTION A: INTRODUCTION, GUIDELINES AND KEY TO RECALL**

- a) Service Providers shall be required to complete this document in its **ENTIRETY** and in a **NEAT, LEGIBLE HANDWRITING**. Failure to do so will result in no registration of the Service Provider's Business and the Municipality shall not be held liable for any loss or damages sustained by the Service Provider. Where the information requested does not pertain to the Service Provider, please insert the symbol "**N/A**" in the appropriate space. Should the space be left blank, it shall be deemed that information is pending and the Service Provider's Business will not be registered.
  - b) Service Providers are advised that only **ORIGINAL** copies of this document shall be processed. Should this document be re-typed or re-drafted in any manner whatsoever, the document will be disregarded.
  - c) Only documents with **ORIGINAL** signatures will be accepted and processed. All signatures to this document must be commissioned by an authorized Commissioner of Oaths. Failure to do so will result in non-registration of the Business.
  - d) Any alterations made by the Service Provider must be initialled. The use of correcting fluids is strictly prohibited.
  - e) Registration of the Business on the Database shall be subjected to a **30-day waiting period** commencing from the date of receipt of the application by SCM Unit.
  - f) The onus shall rest upon the Service Provider to inform SCM of any changes to the status of the Service Provider's Business, in which case certified proof will be required to effect the changes. Failure to do so may result in the Service Provider being removed from the Database and/or the cancellation of contracts awarded to the Service Provider, based on misrepresentation. Changes to the status of the Business shall also be subjected to a 30-day waiting period commencing from the date of receipt of such changes by SCM.
  - g) Service Providers furnishing false information shall be immediately disqualified from tendering and removed from the Database. Further to this, the Municipality shall institute action against the Service Provider in terms of **Regulation 15 of the Preferential Procurement Policy Framework Act No. 5 of 2000**.
  - h) Forms may be retrieved from the website: [www.nkandla.org.za](http://www.nkandla.org.za), and required, documentation such as Affidavits, Tax PIN Certificates, etc. must attached together with the form during submission.
  - i) All applications must be forwarded to:- **Supply Chain Management, Nkandla Municipality, Lot 292 Maree Road, Nkandla, 3855 or Private Bag X161, Nkandla, 3855.**
- The Municipality shall not be held liable for any document which is not timeously delivered, mislaid or incorrectly delivered due to the negligence of the Courier Company or any other party involved in the delivery of the documents including any employee of the Council.
- j) The Municipality reserves the right to request any other information it may deem necessary to determine the capability of the Service Provider. Further to this, the Municipality also reserves the right to inspect the premises of the Service Provider at any given time.
  - k) Service Providers are advised to check the number of pages, and should any be missing or duplicated, or the reproduction indistinct, or any descriptions ambiguous, or this document contain any obvious errors, the Service Provider shall inform the Supply Chain Manager at

once and have the same rectified. No liability whatsoever will be admitted in respect of errors in any document due to the Service Provider's failure to observe this requirement.

- l) Service Providers registering for construction work, electrical work, civil engineering work, and the like must be registered with the relevant statutory Council and a **CERTIFIED COPY OF SUCH REGISTRATION MUST BE SUBMITTED TOGETHER WITH THIS DOCUMENT** for registration purposes. Similarly, Professional Service Providers are also required to adhere with the afore mentioned.
- m) **No guarantee can be given that work will be awarded to Service Providers who are registered on the Database.** Work will be awarded to Service Providers on an ***“as and when”*** required basis considering the principal of the distribution of work in order to empower SMME's and BEE's.
- n) Service Providers shall be required to provide details of a **Bank Account** where monies owing to the Service Provider may be electronically transferred into
- o) Services Providers whose primary work entails construction work, electrical work, civil engineering work, plumbing and catering shall be required to submit with this Registration Form certified copies of the following Certificates: -

Type Of Work	Certificate of Registration Required
Construction work, electrical work, civil engineering work, plumbing, etc.	Construction Industry Development Board (CIDB)
Electrical	Electrical Contractor's Board (ECB)
Plumbing	International Organization of Plumbing South Africa (IOPSA)
Catering	Certificate of Health (COH)
Other	

Any other relevant body not mentioned herein

**SECTION B: BUSINESS INFORMATION**

**Particulars of the Company**

Registered Name

Trading Name

Co/CC registration No.

Income Tax Reference No.

*NB.: Insert Personal Income Tax Number if a one person business [sole trader] and Personal Income Tax Numbers of all partners in a partnership*

VAT Registration No.

TCS PIN

Registered Address

Postal Code

Postal Address

Postal Code

Magisterial District in which the registered address is situated.

Ward Number

**Contact Details**

Surname and Initials

Designation/Job title

Telephone Number

Facsimile Number

Cellular Number

Email Address

Website Address

**Preferred Method of Communication [Tick the relevant box]:**

- E-mail
- Fax
- Post
- SMS

**Banking Details**

Name of Bank

Branch Name

Branch Code

Account Number

Account Holder

Type of Account (Please Tick): **Current Account**  **Transmission Account**  **Savings Account**

*NB.: An original Bank Statement not older than 90 days or a bank confirmation reflecting the name of the Business must be submitted together with this form for registration purposes.*

## Classification of Business

Service Providers are required to tick (select) their **CORE** field/s of expertise (**Maximum 5**). Please note that the field/s of expertise detailed below must be justified by the information submitted in Section 5.0 below and supported by the relevant certification if applicable. (Attach a copy of your Company's Profile if necessary)

1	CES01 Catering Supplies and Services	
2	CGF01 Chemicals, Gas, Fuels and Lubricants	
3	EPS01 Electrical, Parts, Spares and Services	
4	EM01 Events Management	
5	AGI01 Agricultural Equipment, Gardening and Irrigation	
6	PS01 Professional Services	
7	SPB01 Stationery, Printing and Books	
8	CS01 Cleaning Equipment and Supplies	
9	FFF01 Furniture and Fitting	
10	MAC01 Machinery	
11	ENV01 Environmental Management	
12	CDS01 Courier and Delivery Services	
13	TS01 Transport Services	
14	SCA01 Safety Clothing and Accessories	
15	OES01 Office, Computer equipment, services and supplies	
16	MV01 Motor Vehicles	
17	FPS 01 Fleet, parts, services and spares	
18	HAR01 Humanitarian aid and relief	
19	CON01 Construction	
20	DKS 01 Domestic kitchenware and services	
21	HSS 01 Hardware services and spares	
22	MSS 01 Medical Services and supplies	
23	OEA 01 Outdoor equipment and accessories	
24	PO01 Printing Office	
25	SWM01 Scrap and waste material	
26	SSS01 Security services and supplies	
27	SA01 Signage and accessories	
28	SEA01 Sporting equipment, accessories and supplies	
29	TAF01 Travel, accommodation and flights	
30	PB01 Pauper Burial	
31	Stores various	
32	Other (Specify)	
33	Other (Specify)	

The following information is required to determine if the Prospective Provider's Business can be classified as an SMME in terms of the National Small Business Act No. 102 of 1996:-



Rand Value of Average Annual Turnover Including VAT For The Three (3) Preceding Years			
Financial Ranges	Year 1	Year 2	Year 3
R0 to R30 000	R	R	R
R30 000 to R100 000	R	R	R
R100 000 to R150 000	R	R	R
R150 000 to R200 000	R	R	R

If the Prospective Provider' Business is established during the present year, please indicate hereunder the date the Business was established and registered with the South African Revenue Services.

Business Reg. Date

SARS Reg. Date

**Past Experience**

List the last four (4) contracts successfully completed by your Business or other previous experience related to your core business as indicated in the classification of business section. (Attach a separate sheet if necessary)

Customer	Contact Person	Contact No.	Value of Work Undertaken	Year	Nature of Work Undertaken
			R		
			R		
			R		
			R		
			R		

SMME's may submit letters of recommendations from suitably reliable sources in support of their core business operations. (Attach a separate sheet if necessary)

**Other Business interests**

**Does the business have ownership in other companies?** Yes  No

If “yes”, please furnish the following information:

Name of Co/CC **One**

Percentage Ownership

Registered Address

Postal Code

Magisterial District in which the registered address is situated.

Ward Number

Name of Co/CC **Two**

Percentage Ownership

Registered Address

Postal Code

Magisterial District in which the registered address is situated.

Ward Number

Name of Co/CC **Three**

Percentage Ownership

Registered Address



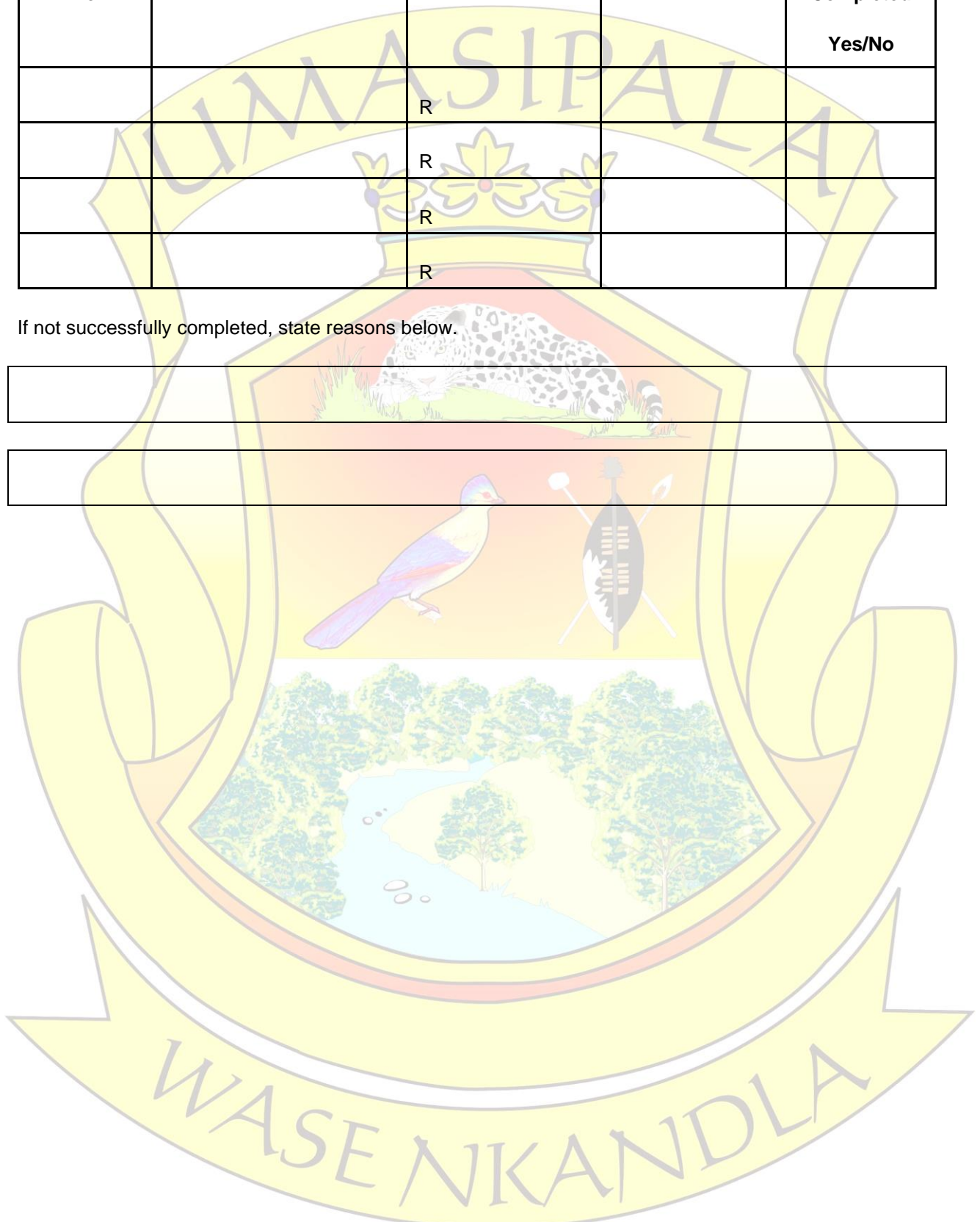




**Have you previously done work for the Municipality? (If yes, please specify hereunder)**

Contract No.	Title	Rand Value	Contact Person	Successfully Completed Yes/No
		R		
		R		
		R		
		R		

If not successfully completed, state reasons below.

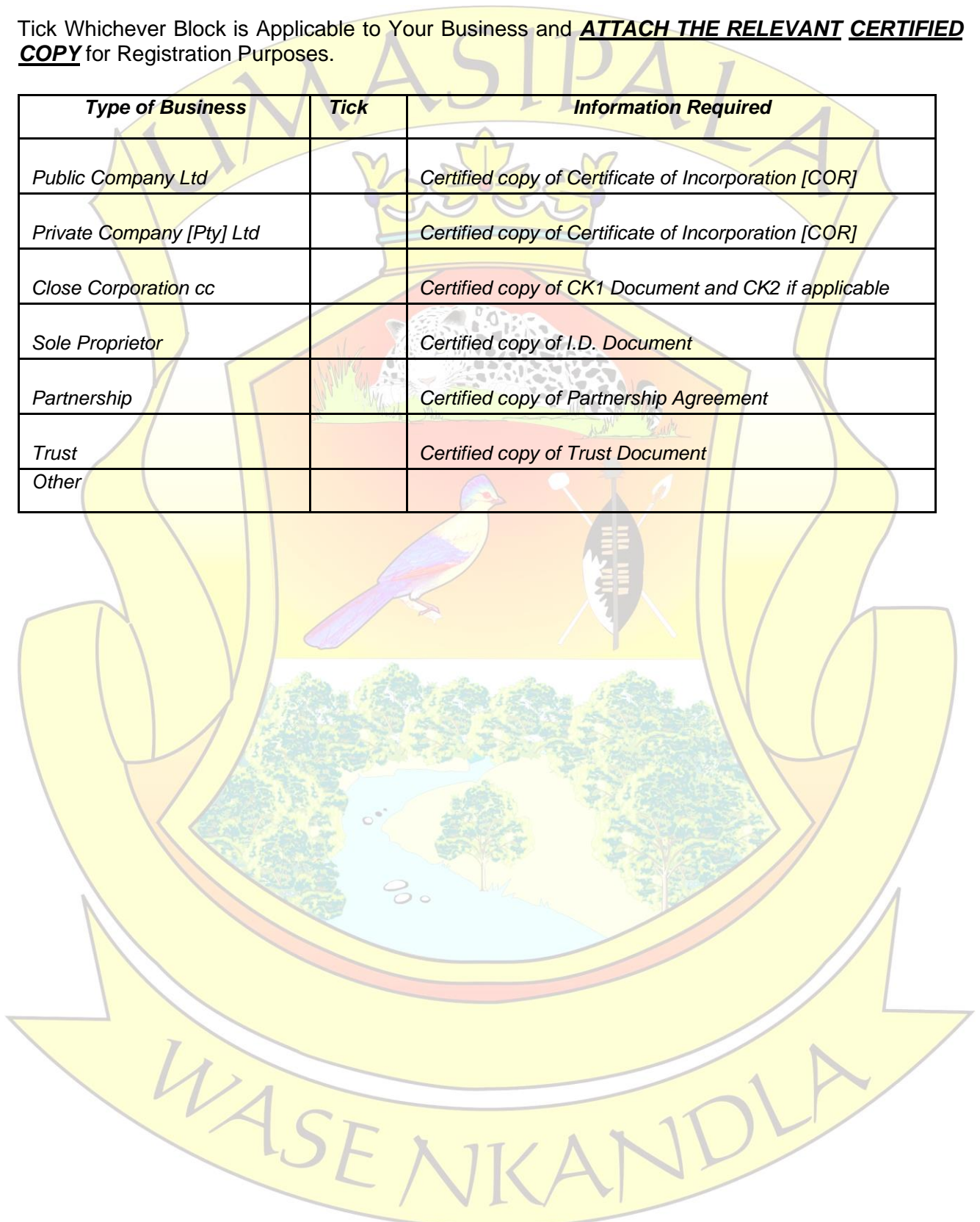


**SECTION D: CLASSIFICATION OF BUSINESS**

***Type of Business***

Tick Whichever Block is Applicable to Your Business and **ATTACH THE RELEVANT CERTIFIED COPY** for Registration Purposes.

<b><i>Type of Business</i></b>	<b><i>Tick</i></b>	<b><i>Information Required</i></b>
<i>Public Company Ltd</i>		<i>Certified copy of Certificate of Incorporation [COR]</i>
<i>Private Company [Pty] Ltd</i>		<i>Certified copy of Certificate of Incorporation [COR]</i>
<i>Close Corporation cc</i>		<i>Certified copy of CK1 Document and CK2 if applicable</i>
<i>Sole Proprietor</i>		<i>Certified copy of I.D. Document</i>
<i>Partnership</i>		<i>Certified copy of Partnership Agreement</i>
<i>Trust</i>		<i>Certified copy of Trust Document</i>
<i>Other</i>		



## **SECTION E: BUSINESS MANAGEMENT**

### ***Business Ownership and Management***

List all persons who are **OWNERS** and/or **directors** (where applicable) in the Business/Trust and indicate their involvement in the management/operation of the Business/Trust. In cases of Handicapped Persons, proof of disability by a recognized related Institution must be submitted for registration purposes. If insufficient space, copies of this page may be made and attached to this Form.

Surname

Full Names

Identity Number

Registered Address

Postal Code

Magisterial District

Ward Number

in which the registered address is situated.

SA Citizen before 27/04/94? Yes  No

Capacity

Percentage Ownership

Male or Female

% time devoted to company

Disabled: Yes  No

Race: White  Black  Indian  Coloured  Other

(\* NB: The request for the Race of a person herein is required for **STATISTICAL PURPOSES ONLY** and is not intended to prejudice any Service Provider in any manner whatsoever.



**SECTION F : DECLARATION OF INTEREST**

1. No bid will be accepted from persons in the service of the state<sup>1</sup>.
2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority.
- 3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

3.1 Full Name of bidder or his or her representative:.....

3.2 Identity Number: .....

<sup>1</sup>MSCM Regulations:

**“in the service of the state”** means to be –

- (a) a member of –
  - (i) any municipal council;
  - (ii) any provincial legislature; or
  - (iii) the national Assembly or the national Council of provinces;
- (b) a member of the board of directors of any municipal entity;
- (c) an official of any municipality or municipal entity;
- (d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);
- (e) a member of the accounting authority of any national or provincial public entity; or
- (f) an employee of Parliament or a provincial legislature.

**“Shareholder”** means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.

3.3 Have you been in the service of the state for the past twelve months? ..... **YES / NO**

3.3.1 If yes, furnish particulars.....

.....

3.4 Do you have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or adjudication of this bid?

..... **YES / NO**

3.4.1 If yes, furnish particulars.

3.4.2 Are you, aware of any relationship (family, friend, other) between any other bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid?..... **YES / NO**

If yes, furnish particulars

.....  
 .....

3.5 Are any of the company's directors, trustees, managers, principle shareholders or stakeholders in service of the state? **YES / NO**

3.5.1 If yes, furnish particulars.

.....  
 .....

3.6 Do you or any of the directors, trustees, managers, principle shareholders, or stakeholders of this company have any interest in any other related companies or business whether or not they are bidding for this contract. **YES / NO**

3.6.1 If yes, furnish particulars:

.....  
 .....

**4. FULL DETAILS OF DIRECTORS/TRUSTEES/MEMBERS/SHAREHOLDERS**

FULL NAMES & SURNAME	IDENTITY NUMBER	STATE EMPLOYEE NUMBER

Item	Question	Yes	No
4.1	Is the bidder or any of its directors listed on the National Treasury's database as a company or person prohibited from doing business with the public sector?  <b>(Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the <i>audi alteram partem</i> rule was applied).</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		

4.2	Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)?  (To access this Register enter the National Treasury's website, <a href="http://www.treasury.gov.za">www.treasury.gov.za</a> , click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 3265445).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2.1	If so, furnish particulars:		
4.3	Was the bidder or any of its directors convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3.1	If so, furnish particulars:		
<b>Item</b>	<b>Question</b>	<b>Yes</b>	<b>No</b>
4.4	Does the bidder or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4.1	If so, furnish particulars:		
4.5	Was any contract between the bidder and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.7.1	If so, furnish particulars:		

**SECTION G: VERIFICATION OF INFORMATION**

***Affidavit: Verification of Information Supplied***

I/we the undersigned, warrants that I am/ we are duly authorized to do so on behalf of the Goods/Services Provider, certifies that the Business complies with all statutory and Municipal requirements and that the information supplied in terms of this document with additional information is correct and accurate and acknowledges that if the information supplied is found to be incorrect, then the Municipality in addition to any remedies it may have, shall,

- i. recover from the Business all costs, losses or damages incurred or sustained by the Municipality as a result of breach of the contract.
- ii. cancel the contract, de-register the Goods/Services Provider on the Database and claim any damages which the Municipality may suffer by having to make less favourable arrangements after such cancellations.
- iii. impose the penalties on the Business as provided for herein, and/or iv take any other action as may be deemed necessary.

I/we further undertake to submit any other documentary proof to the Municipality as and when required.

Surname

Full Names

Identity Number

Registered Address

Postal Code

Duly Authorized to sign on behalf

Capacity of Signatory

Signature

**SECTION H: COMMISSIONER OF OATHS**

Signed and sworn to before me at.....

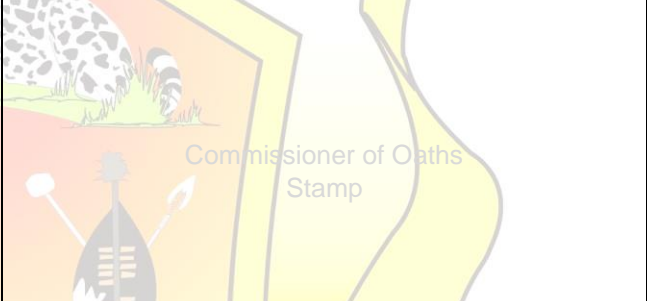
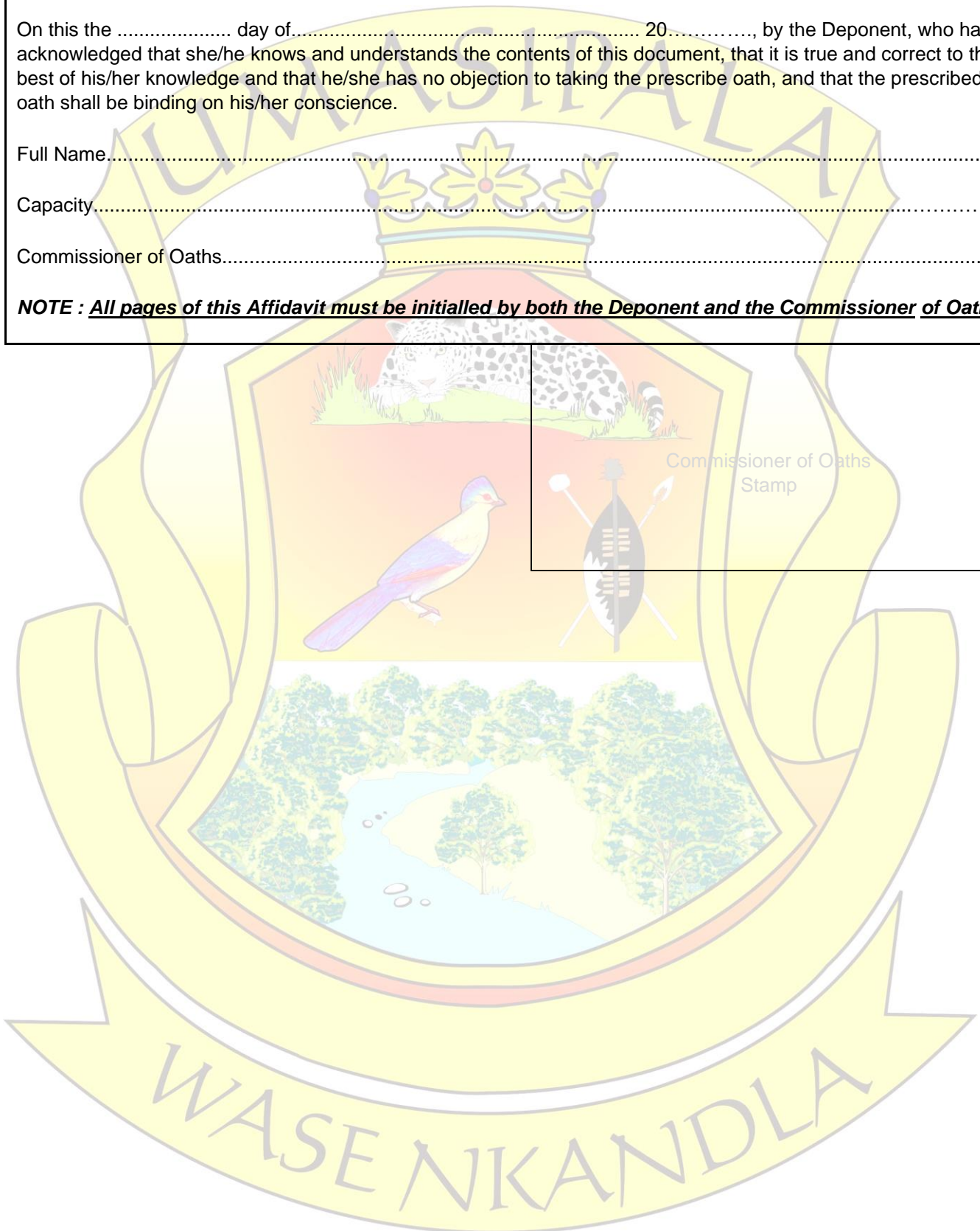
On this the ..... day of..... 20....., by the Deponent, who has acknowledged that she/he knows and understands the contents of this document, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribe oath, and that the prescribed oath shall be binding on his/her conscience.

Full Name.....

Capacity.....

Commissioner of Oaths.....

**NOTE : All pages of this Affidavit must be initialled by both the Deponent and the Commissioner of Oaths**



The completed application form (original), together with the signed Affidavit must be:

**HAND DELIVERED TO:**

Nkandla Municipality  
Supply Chain Management Unit  
Nkandla Municipality, Main Building  
Lot 292, Maree Road  
Nkandla  
3855

**OR**

**MAILED TO:**

Supply Chain Management Unit  
Nkandla Municipality  
Private Bag X161  
Nkandla  
3855

The following documents must be attached to your application: -

- Original Tax PIN Certificate.**
- Copy of CK1 form for Close Corporation business**
- If it is a Pty Limited CM documents must be attached**
- Bank Statement / an original Cancel Cheque / an original letter from the bank**
- Certified ID copy if it's a Sole Trader**
- BBB-EE**
- CIDB**
- Other (specify)**

Once the office has received the above documentation, your application will be added to the Database.